

APPLICATION FOR SPECIAL PERMIT FOR HUNTER WITH DISABILITIES

State Form 10691 (R6 / 7-04)

(Check One)

☐ New

☐ Renewal

INSTRUCTIONS: 1. Please print clearly or type.

2. Provide all information requested or your application will be returned without processing.
3. A Physician's Statement of Disability must accompany each application submitted by new applicants.
4. Mail forms to: DIVISION OF FISH AND WILDLIFE
DISABILITY SECTION
402 WEST WASHINGTON STREET ROOM W273
INDIANAPOLIS IN 46204

| APPLICANT INFORMATION | | |
|--------------------------------------|---|--|
| Name of applicant | Date of birth (<i>month, day, year</i>) | Sex <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Address (<i>number and street</i>) | Height | Weight |
| City, state, ZIP code | Eyes | Hair |
| County | Telephone number () | |

| DESCRIPTION OF DISABILITY AND REQUEST | |
|---|-------------------------|
| Describe your disability: | |
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| With a Disabled Hunter Permit, describe exactly your requested method of hunting: | |
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| NOTE: Please include the type of transportation (car, truck, 4-wheel drive vehicle, ATV); method of taking game (shooting from a vehicle, etc.) and weapon (shotgun, muzzle-loading rifle, bow, crossbow). | Signature of applicant |
| | Date (month, day, year) |

FOR OFFICE USE ONLY

| | | |
|--|----------------------------------|------------------------|
| <input type="checkbox"/> Application Approved <input type="checkbox"/> Application Disapproved | | Reason For Disapproval |
| Signature of Fish and Wildlife Committee Chairman | Date (<i>month, day, year</i>) | |